



SECURITY DEPOSIT TRANSFER

Date: _____ Account #: _____ Phone #: _____

I _____ give my permission to _____

to have my security deposit for:

Water: _____ Irrigation: _____ Sewer: _____

At the following address: _____

I understand that I am giving up any and all rights to reclaim this security deposit.

Signature

Sworn to and subscribed before me this _____ day of _____ 20 _____.

Notary

(SEAL)

My commission expires _____ 20 _____

Headquarters Address

516 Village Road, NE Leland, NC 28451

Office: 910-371-9949

Mailing Address

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Fax: 910-371-6441